

TOWN OF GEORGETOWN

MUNICIPAL LIGHT DEPARTMENT

94 SEARLE STREET ♦ GEORGETOWN, MA 01833 ♦ PH 978-352-5730 ♦ FAX 978-352-5733

2016 APPLIANCE MAIL-IN REBATE FORM

~~~~~Qualified Appliances must be purchased within **60 days** of receipt of rebate form at Georgetown Light~~~~~

ELIGIBLE APPLIANCES MUST BE **ENERGY STAR**:

**ONE REBATE ALLOWED IN EACH CATEGORY PER YEAR:**

|                                            | BRAND | MODEL# | SERIAL # |
|--------------------------------------------|-------|--------|----------|
| <b>\$50.00</b> WASHER:                     | _____ | _____  | _____    |
| <b>\$50.00</b> REFRIGERATOR:               | _____ | _____  | _____    |
| <b>\$50.00</b> DISHWASHER:                 | _____ | _____  | _____    |
| <b>\$25.00</b> PROGRAMMABLE THERMOSTAT:    | _____ | _____  | _____    |
| <b>\$25.00</b> WINDOW A/C WITH EER OF 10+: | _____ | _____  | _____    |

**WHERE PURCHASED:**

**DATE PURCHASED:** \_\_\_\_\_

Name of Store \_\_\_\_\_

**PURCHASE PRICE:** \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_

~Only ENERGY STAR appliances eligible ~ RESIDENTIAL CUSTOMERS ONLY ~ Forms returned if incomplete~

~Appliances included in the purchase of a residence are NOT eligible~ Receipt must be to CUSTOMER~

**Electric Account Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**CUSTOMER NAME** \_\_\_\_\_  
(As on Billing)

**Electric Service Address** \_\_\_\_\_

**Mailing Address if Different** \_\_\_\_\_

By signing this form, I certify that I purchased the appliance(s) noted above for installation at address above and I am an electric customer of GEORGETOWN MUNICIPAL LIGHT. I am providing the requested information solely to be eligible to participate in this rebate program and request that the personal information supplied by me be treated as confidential to the maximum extent possible.

Customer Signature (Must be Signed) \_\_\_\_\_ **DATE** \_\_\_\_\_

**MUST ENCLOSE COPY OF RECEIPT**

**ALLOW 3-5 WEEKS FOR CHECK PROCESSING**

**PLEASE COMPLETE ALL INFORMATION FOR FASTER PROCESSING**

Paid on Warrant:

Ck Number:

Date: